Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Social Services Inspectorate

# The placement of children aged 12 and under in residential care in Ireland

No. 3

Report of the SSI inspection 2007

# Contents


Foreword 3

1 Executive summary 4
- Children aged 12 and under in residential care
- Key findings
- Conclusion
- Recommendations

2 Introduction 8

3 Methodology 9
- Inspection process

4 Profile of children aged 12 years and under in residential care 11
- National information on children in care
- Profile of children aged 12 and under in residential care
- Age and gender
- Placing HSE region
- Care status of children
- Types of residential centre
- Placement with siblings
- Placement of choice according to the care plan
- Length of time since first admitted into care
- Length of time in current residential placement

5 Findings and analysis 16
- The group selected for review: introduction
- Age and gender
- Length and purpose of placement
- Previous placements
- Shared care
- Respite and other care
- Sibling groups
- Education
- Access to specialist services
- ***Case management: Placements***
  - Allocation of social workers
  - Placements sought by supervising social workers
  - Family welfare conferences
- ***Case management: Care planning***
  - Care plans
  - Consulting with children
  - Care plan reviews
- ***Case management: Review mechanisms***
  - Conclusion

6 Recommendations 26

7 References 27

8 Appendices: 28
- Appendix 1 The standard against which the inspection was conducted
- Appendix 2 National Standards for Children's Residential Centres
- Appendix 3 Questionnaire for social workers

# Foreword

I am delighted to present this report on the national inspection of the placement of children aged 12 and under in residential care. The Health Information and Quality Authority is the independent Authority established to drive continuous improvements in the quality, safety and accountability of Ireland's health and social care services. Since May 2007 the Social Services Inspectorate, which carried out this inspection, has been integrated into the new Authority. Within the Authority the Inspectorate is working to ensure that children receive high quality standards of care. The aim of the Health Information and Quality Authority in publishing this report is to identify the numbers of children who fall into this category nationally and highlight those factors that influence placement decisions and care planning, and to seek a standard of suitable and consistent care that meets their needs.

The information in this report provides a baseline for those with responsibility for providing care to assess the quality of care planning, strategically develop appropriate sustainable resources, and provide continuity and stability in the lives of these young children. Key recommendations of the report are: that there should be a specific national policy on placing children in care aged 12 and under with families, and that there should be systems in place to monitor its implementation.

The overriding objective of the inspection is to support the ongoing development of quality and choice of services in this area. This report adds to the body of knowledge about the care of children in this age group. It will be of value to those who plan and provide child care services, and to the families and professionals who have responsibility for the wellbeing and development of the young people in their care.

The Health Information and Quality Authority Social Services Inspectorate acknowledges the assistance provided by the centre managers, social workers, social work team leaders, principal social workers, HSE inspectors and others in the course of this national inspection.

Dr Tracey Cooper
Chief Executive Officer
Health Information and Quality Authority

# 1 Executive summary

This report concerns the findings of a national inspection of the placement of children aged 12 years and under in statutory and non-statutory residential care. The inspection was carried out by the Social Services Inspectorate (SSI)[1] between October 2006 and January 2007 against criteria 5.1 – 5.17[2] of the standard on care planning in the *National Standards for Children's Residential Centres 2001.* The report presents data gathered during the inspection, examines the reasons for the initial and continued placement of these children in residential centres, and makes recommendations to those responsible for the policy and provision of placements for children in care.

## Children aged 12 years and under in residential care

At the time of the inspection, the most recently validated national figures for children in care in the Child Care Analysis Interim Minimum Dataset (IMD)[3] 2004 showed that there were 5,060 children in care, with 4,243 (84%) in foster care and 442 (9%) in residential care.

Through a census of all centres, inspectors established the number and identity of children aged 12 and under in residential care nationally on July 24th 2006. Ninety-three children were identified, and information on their placements and care plans was gathered through a questionnaire.

Inspectors found that of the 93 children:

- 58 (62%) were under 12 years,
- 35 (38%) were aged 12,
- 85 were placed in mainstream residential centres,
- 5 were in high support units, and one in special care,
- 49 (53%) had been in their placements for up to a year,
- 26 (28%) were in placements for three years or more,
- 68 (73%) were boys, and
- 35 (38%) were placed with siblings

The majority had experienced previous placements. Seventy-eight per cent of the children were placed by one of the two HSE regions encompassing Dublin and its environs, Dublin/Mid-Leinster and Dublin/North-East. This is consistent with data in Interim Minimum Datasets which show that these areas are more likely than others to use residential care.

## Key findings

Half of the children identified by the census were selected[4] by inspectors for a review of their statutory care plan and an in-depth interview with their supervising social worker and social work line manager. The purpose was to examine statutory care plans in detail and establish the reasons for the continued and on-going placement of the children of this age group in residential care.

1 The inspection was carried out by the SSI prior to 15th May 2007 when it was integrated into the Health Information and Quality Authority (HIQA) under the Health Act 2007. This report is published by the Health Information and Quality Authority.
2 The relevant standard and selected criteria are set out in greater detail in Appendix 1.
3 The Child Care Analysis Interim Minimum Dataset (IMD) is information on children in care that was provided annually by the Health Boards to the Department of Health and Children (DoHC). Since January 2005 information about children in care has been gathered by the Health Service Executive (HSE), but data for 2005 has only recently been validated, and data for 2006 has yet to be validated.
4 The selection process is described in further detail in Section 3: Methodology

## Placement of children

Twenty-three (49%) of the children selected for review had been in their placement over a year; and of these 11 had been there for more than three years. In effect these were long-term placements. Nineteen of these children had been in four or more previous placements. Fifteen (32%) were placed with their siblings. Of the remaining 32, twenty had siblings in other care placements.

A key finding from the inspection was a serious lack of placement options for this age group. Questionnaires indicated that for approximately one quarter of the children, residential care was not the preferred type of placement. However, the majority of social workers interviewed said that residential care was currently the most appropriate placement and was working well, even though it had not been the initial choice. Most supervising social workers told inspectors that their child's placement was largely determined by a lack of available options, and this was a key consideration in the supervising social worker's view that the current placement was the most suitable. Suitability was also attributed to other factors, such as changes in family circumstances or the centre adapting its purpose and function to meet the child's needs.

## Care planning

The principal focus of the inspection was statutory care planning. This standard was not met for the majority of the group selected for review. As in previous inspections, inspectors found considerable variation and significant shortfalls in the standard of statutory care planning across the country.

In relation to care plan reviews, inspectors found that care plans reflected the situation as it was at the time of admission, or whether the initial identified needs were met. They did not take account of significant life events or the views of the children.

Forty percent of the children in the group selected for review had experienced at least four previous placements, including foster care, in their short lives, indicating that previous plans for those children had failed. The issue of children forming attachments to staff/carers in residential settings influenced planning. In some cases, plans were made for children to move despite their spending many years in the same centre from a young age. In others it became a further reason why plans to transfer from residential care lost momentum.

Inspectors found that care planning was more often determined by crisis management rather than long term planning for what best met the needs of the child. Whilst all children selected had a written care plan in accordance with *Child Care (Placement of Children in Residential Care) Regulations 1995*, there were significant discrepancies between initial care plans and current circumstances, and wide variations in care planning practice. Some children's views were not actively sought, and some of those sought were given very limited weight.

### Strategic development of services

Generally, inspectors found little evidence of any evaluation of current services for young children, even though there was widespread acknowledgment among managers that HSE fostering services had outgrown their traditional patterns and there was an urgent need to create a more flexible range of provision. There was little evidence of formal mechanisms to review the policy and practice of care planning. This had a serious impact on the ability of the HSE to plan strategically and develop services to match identified needs. Options for fostering or re-unification with family or siblings were not explored when it was considered that the current placement was going well, despite the young age of the child and the impact of separation on siblings. This is not acceptable.

Other findings include:

- Neither the Department of Health and Children nor the HSE has a written statement of national policy on the placement of children aged 12 and under with families rather than in residential care. However, inspectors found that this had been asserted as policy in various health board's and some local HSE policy documents since 1999, and all social workers and managers interviewed during the inspection knew it as an operational principle. The Department of Health and Children had issued guidance in 2001 indicating that in emergency situations children aged 12 and under should be placed with families,[5] but it was locally interpreted, and not comprehensively implemented by all HSE social work departments.

- Regular access with siblings, as outlined in the care plans, did not always happen, especially when more than two separately placed siblings were involved, or they were in different geographical areas, or individuals were presenting with behavioural difficulties to which the social workers had to give priority.

- Several of the children had been allocated to a social worker within six months prior to the census, indicating a significant level of change of social workers for the children.

- Inspectors were told of examples of good practice where parents had day-to-day involvement in the care of their child, and in some instances resided in the centres either on a part-time or full-time basis in *'shared care'* arrangements.

- For a small group of children who had specific cultural needs, there was a dearth of placement options. Social workers also identified a need for more specialised fostering to meet the needs of specific children.

- In some instances, private fostering services were being used when HSE fostering services were not available or suitable to meet specific children's needs.

## Conclusion

In practice, the placement of children aged 12 and under in residential centres did not reflect the principle that they should be placed with families. Decisions to seek a residential placement for many of the children were strongly influenced by limited resources rather than consideration of each child's best interest. There was retrospective justification by some social workers and their managers whereby children were believed to be currently well placed even though residential care was not the initially preferred option.

5 Department of Health and Children *Youth Homelessness Strategy*, Dublin 2001, p 31.

Inspectors concluded that the Department of Health and Children should issue a clearly stated national policy, and that the HSE should implement it, ensuring that there are adequate resources to realise its key objective of providing children in care aged 12 and under with family placements that are secure, well supported, and sustained. There should be systems in place for responsive senior management to monitor and review the placement of children in order to formulate strategic plans, reduce the number of placement breakdowns, and ensure the quality of a clearly child-centred care planning practice. The key recommendations below are addressed to the Department of Health and Children and the HSE nationally, and in response the inspectorate will seek a time-limited action plan and oversee and assess its implementation.

## Recommendations

1. The Department of Health and Children should issue a clearly stated national child care policy on the placement of children aged 12 and under with families or in foster care.

2. As a matter of urgency, the Health Service Executive should review the cases of all children aged 12 and under in residential care to ensure that that they are placed appropriately.

3. As a matter of priority, the Health Service Executive should establish systems:
   a. to monitor the placement of children aged 12 and under,
   b. to ensure that care plans are frequently and rigorously reviewed,
   c. to ensure early identification of placements at risk of breakdown,
   d. to ensure that managers assess placement breakdowns and develop more sustainable care services,
   e. to ensure that the information gathered is used in individual care planning and in strategic development of care resources.

4. The Health Service Executive should plan and provide the range and number of services required to ensure that sufficient appropriate places are available to meet the identified needs of this age group.

# 2 Introduction

Residential care is a significant part of the care continuum, and its use should be integrated into the overall care planning process. There are some situations where placing young children in residential care may be appropriate, such as: providing a child with a defined period of respite care, preparing a child for permanent placement, preparing a child for reunification with parents or significant carers, facilitating assessment and/or therapeutic interventions. It may also be suitable as a long-term placement that allows a sibling group to stay together. However, research and good practice overwhelmingly support the principle that young children in particular should experience stable parenting in families that meet their needs and promote their welfare and development.

In 2001 within the *Youth Homelessness Strategy* the Department of Health and Children issued guidance on emergency placements of children stating that whenever possible young children, "particularly those under 12 who are taken into care, should be placed in foster care where they cannot be returned home, unless cogent reasons exist for other exceptional arrangements to be made".[6] They should be placed with families in order that their experience of growing up will approximate, as closely as possible, that of their contemporaries.[7]

Local HSE policy is that residential care should be confined to children over 12 years of age as it is extremely difficult to cater for the developmental needs of a younger child outside a family setting, and the placement of a child under 12 years of age is likely to militate against the chances of a successful family placement later. The same policy also states, "It is vitally important that the provision of family care and residential care are planned for and delivered in tandem".[8] Referrals of children of this age to residential care should not be a regular occurrence, and foster care should be the preferred option.[9]

Through inspections over the past seven years inspectors have become aware of a significant number of children aged 12 and under placed in residential care. Some children in this age group lived in a residential setting for long periods of time. National data indicates that children aged 12 and under constitute approximately a quarter of all children in residential care.[10] Research shows that the experience of multiple carers and exposure to the challenging behaviour of older children in residential care may impact negatively on young children who are less able to draw attention to their needs and deal with adults whom they do not know, or with whom they have difficulty forming attachments.

6 Department of Health and Children, *Youth Homelessness Strategy*, Dublin 2001, p 31.
7 Department of Health, *Task Force on Child Care Services: Final Report*, Dublin 1980.
8 Eastern Health Board, *Report of the Task Force on Residential Care*, 1999
9 HSE Dublin Mid-Leinster Region, *Residential Care Policies and Procedures*, 2006
10 Analysis of the Interim Minimum Dataset (IMD) on 31st December 2004 showed that 120 (27%) of the 442 in residential care were aged 12 years or under on that date.

# Methodology



Good care planning is central to the effective use of foster care and residential care and for this reason, and to carry out a national inspection within a limited timeframe, inspectors focussed on the standard on care planning, Standard 5, which states:

**There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.**[11]

Under this standard inspectors were:

- to examine the reasons for initial and continued placement of this group of children in residential care,
- to establish whether the care plan outlined the current reasons for the placement,
- to find out if the care plan was reviewed regularly and whether the suitability of the placement to meet the identified needs of the child was given due consideration, and
- to assess the general standard of care planning.

This inspection differed from the standard inspection of a children's residential centre in that:

- it was conducted against one standard,
- inspectors did not visit children's residential centres or meet children, their families or staff,
- findings were based on evidence from questionnaires, reviews of care plans and interviews about the group selected for review, and
- the data provided through questionnaires for the group selected for review was checked for factual accuracy during interviews.

## Inspection process

- The inspection was announced to HSE management, residential managers, monitoring officers, and Registration and Inspection (R & I) units.[12]
- A census form for the night of 24th July, 2006 was distributed to 141 statutory and non-statutory children's residential centres to identify the number of children aged 12 and under and provide contact details for supervising social workers.[13]
- A letter was sent to the HSE requesting details of children placed in residential care outside the jurisdiction.
- There was a 100% return of the census indicating that there were 92 children of this age in children's residential centres in Ireland, and one child was placed outside the state.
- A questionnaire about the reasons for and suitability of the placement was sent to each supervising social worker of the 93 identified children.

11 See Appendix 1 for selected criteria of Standard 5.
12 Under the *Child Care Act, 1991* the HSE inspects and registers non-statutory children's residential centres. In 2005 the HSE had eight distinct R & I units.
13 Under the *National Standards for Children's Residential Centres 2001* supervision of placements is carried out by a supervising social worker. In this inspection inspectors interviewed the supervising social worker and his or her team leader and/or principal social worker.

- From this information half (47) of the children were selected for review of their care plan and interview with their social workers and/or social work line managers. The children in this group were selected by stratified random sampling according to: placing HSE region; length of time in placement (under a year and a year or more); and age group (under 12, and 12 years of age).
- Subsequently the data was checked to confirm that the group was representative of the population in terms of gender and placements of less than three months.
- Where appropriate, inspectors wrote to the parents and/or carers of the children in the group selected for review advising them of the inspection.
- Prior to fieldwork, inspectors reviewed current care plans and statutory care plan reviews for each child selected.
- Interviews with supervising social workers and social work managers covered the following:
  - a factual accuracy check on data provided in the questionnaire,
  - reasons for placement, both initial and current,
  - the child's involvement in care planning,
  - care planning decisions,
  - care plan review mechanisms.
- Where children were placed in an HSE centre interviews were conducted by two SSI inspectors. In non-statutory centres the lead SSI inspector was assisted by the HSE inspectors who inspected and registered the centre. HSE inspectors were invited to join in fieldwork to ensure clear communication and follow-up on any issue that might arise in relation to a non-statutory residential centre.
- As in other inspections, inspectors wrote to local health managers where specific concerns arose that were outside the scope of the inspection.

# Profile of children aged 12 and under in residential care

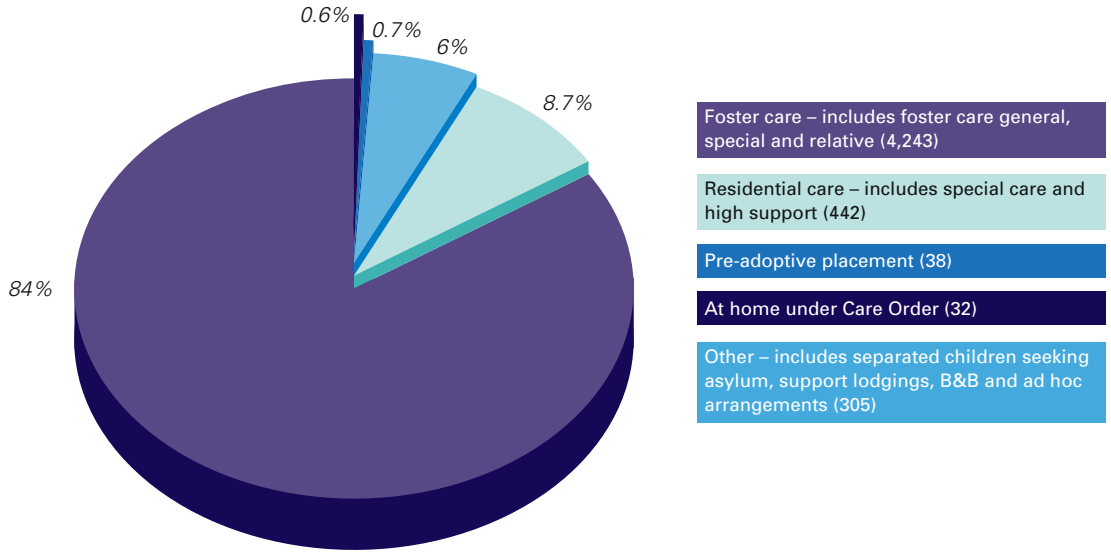
## National information on children in care

At the time of inspection, the most recent validated national data on children in care showed a total of 5,060 children in the care of the former health boards on 31st December 2004. The equivalent figures for 2003 and 2002 were 4,984 and 4,921 respectively[14]. The majority of children were in foster care placements. On 31st December 2004, 4,243 (84%) were in foster placements and 442 (8.7%) were in residential care. These figures are not current, but they provide a context for the inspection.

CHART 1

**Children in care by placement type**

Data is based on numbers of children in care DoHC 2004 Analysis of Child Care Interim Minimum Dataset




## Profile of children aged 12 and under in residential care

To ascertain the number of children of this age group in residential care at the time of inspection, inspectors conducted a census that established there were 93 children in this group on 24th July, 2006. Inspectors circulated questionnaires to the supervising social workers of these children. All forms were returned completed and the information collected through them is summarised in the charts and tables in this Section.

14 Based on the Interim Minimum Datasets, 2002 - 2004. Chapter 3 of the SSI Annual Report 2005 gives a more detailed breakdown of these figures.

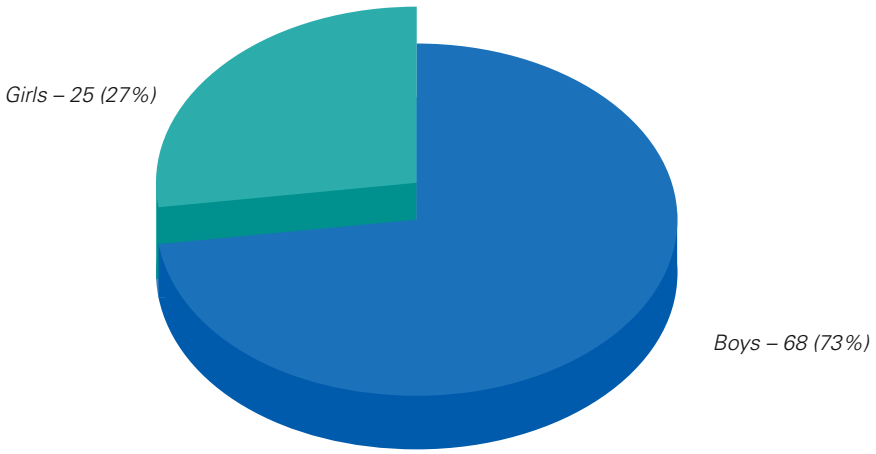
## Age and gender

TABLE 1 **Age and gender of children aged 12 and under in residential care on 24th July 2006 (N=93)**

| Age | 3 – 5 years | 6 – 8 years | 9 - 11 years | 12 years | Total |
|---|---|---|---|---|---|
| **Boys** | 3 | 9 | 31 | 25 | 68 |
| **Girls** | 1 | 2 | 12 | 10 | 25 |
| **Total** | **4** | **11** | **43** | **35** | **93** |
| **%** | 4% | 12% | 46% | 38% | 100% |

Sixty-two percent of the children were aged under 12 and 38% were 12 years old. There were almost three boys for every girl. The Interim Minimum Dataset 2004 showed that 52% of all children in care and 58% of children in residential care were boys. At the time of the census, therefore younger boys were over-represented in residential care relative to younger girls

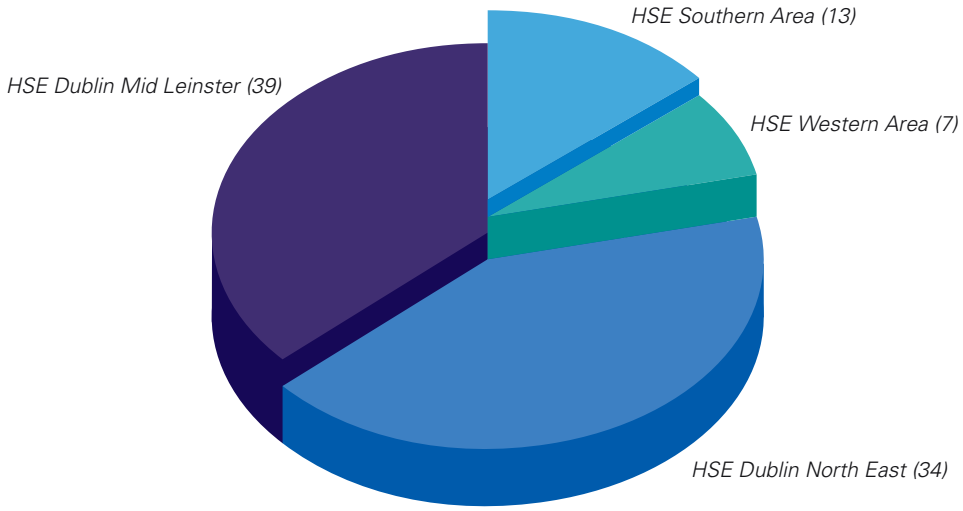
CHART 2 **Gender of children aged 12 and under in residential care on 24th July 2006 (N=93)**




## Placing HSE region

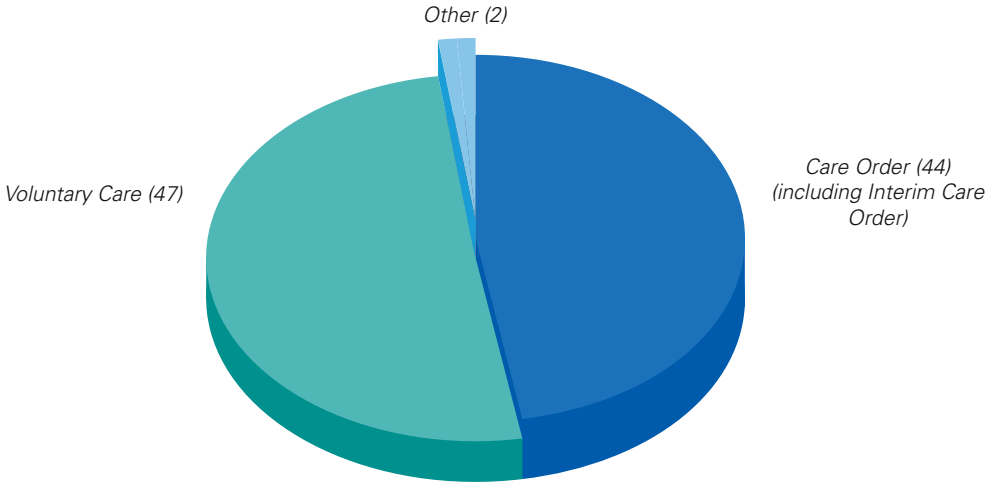
Seventy-eight per cent of the children were placed by HSE Dublin/Mid-Leinster or HSE Dublin/North-East regions. Interim Minimum Datasets show that these areas are more likely than others to use residential care, even taking into account their child population and the proportion of children in care. The Interim Minimum Dataset 2004 showed that 56% of all children in care and 64% of children in residential care were from these two regions. On the date of the census there were three children in this age group placed in residential centres through the Separated Children Seeking Asylum Service. For the purpose of this inspection, they were assigned to the HSE Dublin/Mid-Leinster region.

CHART 3 **Placing HSE region of children aged 12 and under in residential care on the 24th July 2006 (N=93)**




## Care status of children

CHART 4 **Care status of children aged 12 and under in residential care on 24th July 2006 (N=93)**




## Types of residential centre

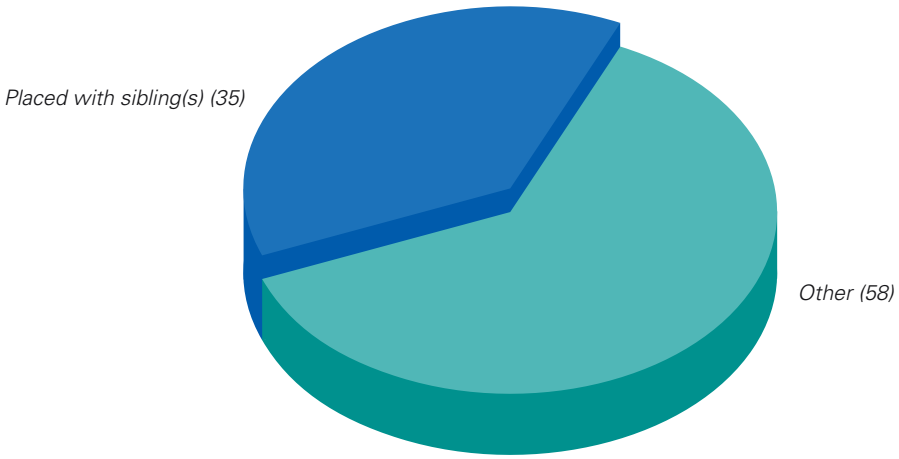
Eighty-five children were placed in mainstream residential services. Six were in high support or special care units, one in a crisis intervention service and one in a centre outside the state.

## Placement with siblings

Thirty-five of the children were placed with one or more siblings. Some siblings were also 12 or under, others were older. Almost half of the sibling groups were two siblings. The largest was five siblings.

CHART 5

**Children aged 12 and under in residential placement with sibling(s) on 24th July 2006 (N=93)**



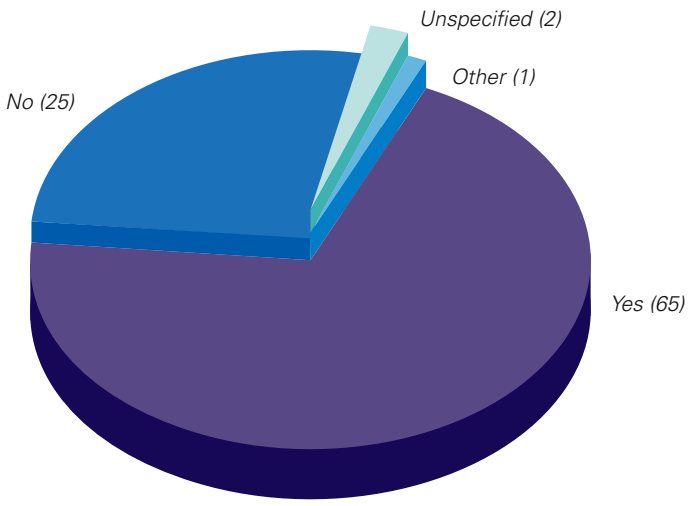

## Placement of choice according to the care plan

In the questionnaires, 25 of the supervising social workers said that the child's placement was not in accordance with the care plan. Twenty three, some of whom had said that the placement did not accord with the care plan, said that the child was not currently suitably placed. These responses were later explored during interviews with the supervising social workers of the group selected for review and the most common explanations given were that:

- the initial short-term placement was extended as no suitable fostering placement was available,
- the residential centre was not sufficiently specialised to meet the child's needs, or
- the residential centre was located too far from the child's home.

CHART 6

**Q: Is this the placement of choice according to the care plan? (N=93)**



## Length of time since first admitted into care

Questionnaires revealed that half of the children aged 12 years and under in residential care had first been admitted into care more than three years prior to the date of census. Over a quarter had been admitted into care for the first time in the preceding 12 months.

TABLE 2 **Length of time since children aged 12 and under in residential care on 24th July 2006 were first admitted into care. (N=93)**

| Length of time since first admitted into care | M | F | Total |
|---|---|---|---|
| Less than 6 months | 12 | 3 | 15 |
| 6 months - < 1 year | 9 | 2 | 11 |
| 1 year - < 2 years | 4 | 5 | 9 |
| 2 years - < 3 years | 5 | 2 | 7 |
| 3 years - < 4 years | 5 | 3 | 8 |
| 4 years - < 5 years | 6 | 1 | 7 |
| 5 years - < 8 years | 15 | 4 | 19 |
| 8 or more years | 12 | 5 | 17 |
| **Total** | **68** | **25** | **93** |

## Length of time in current residential placement

Residential care for younger children is often described as a temporary measure. However, data from the questionnaire showed that 44 of the 93 children aged 12 years or under[15] were in their placement for over a year, 25 had been in their placement for under three months, and 24 between three and 12 months.

Research has demonstrated that if children are in a residential placement for over six months there is a greater possibility that they will remain in residential care.

TABLE 3 **Length of time children aged 12 and under in residential care on 24th July 2006 were in current placement. (N=93)**

| Length of time in current placement | M | F | Total |
|---|---|---|---|
| Less than 3 months | 20 | 5 | 25 |
| 3 months - < 1 year | 19 | 5 | 24 |
| 1 year - < 2 years | 6 | 5 | 11 |
| 2 years - < 3 years | 6 | 1 | 7 |
| 3 years - < 5 years | 10 | 4 | 14 |
| 5 or more years | 7 | 5 | 12 |
| **Total** | **68** | **25** | **93** |

15 See Table 5 below for the lengths of placement of the group selected for review.

5

# Findings and analysis

## The group selected for review: introduction

Inspectors carried out formal interviews with supervising social workers and line managers for half of the children in the population.[16] They focused on five key areas:

- the reason for the initial placement,
- the reason for the child remaining in the placement,
- the child's involvement in the care planning process,
- the social worker's view of the care plan, and
- HSE review systems for children of this age group.

Where children had moved from residential care before the date of interview, inspectors focused on the last residential placement.

## Age and gender

Twenty of the 47 children were 12 years of age, and 27 were under 12. There were nearly three boys for every girl in this group. That this group was representative of the population in terms of age, gender and length of placement can be seen from Tables 4 and 5.

TABLE 4

**Age and gender of group selected for review on 24th July 2006 (N=47)**

See Table 1 for age and gender of all children of this age group

| Age | 3 - 5 years | 6 – 8 years | 9 - 11 years | 12 years | Total | % |
|---|---|---|---|---|---|---|
| **Male** | 0 | 4 | 16 | 15 | 35 | 74% |
| **Female** | 1 | 2 | 4 | 5 | 12 | 26% |
| **Total** | 1 | 6 | 20 | 20 | 47 | 100% |
| **%** | 2% | 13% | 43% | 43% | 100% | |

16 The selection process is outlined in Section 3: Methodology

## Length and purpose of placement

TABLE 5 **Length of residential placement on 24th July 2006 for group selected for review (N=47)**

| Length of time in current placement | M | F | Total | % |
|---|---|---|---|---|
| Less than 3 months | 10 | 1 | 11 | 23% |
| 3 months - < 1 year | 10 | 3 | 13 | 28% |
| 1 year or more | 15 | 8 | 23 | 49% |
| **Total** | **35** | **12** | **47** | **100%** |

In interviews, inspectors found that more than half of the 47 children were described as being placed in residential care for the purpose of "stabilisation" following placement breakdown. Social workers and managers told inspectors that the reasons for placement for the purpose of stabilisation were:

- to establish what would best meet the child's needs,
- to provide respite for the child after the trauma of a placement breakdown,
- as an intervention to address behavioural problems, and/or
- for therapeutic assessment or interventions.

For some children 'stabilisation' meant waiting for a more suitable placement either in residential centre or foster care. This would suggest that children placed for the purpose of stabilisation would be in short-term residential care. This was not the case, as can be seen in the Table 7 which shows that nearly half of the children placed for stabilisation were in their current residential placement for over a year.

TABLE 6 **Purpose of residential placement of group selected for review (N=47)**

| Purpose of placement | Number |
|---|---|
| Respite (family/foster care) | 3 |
| Shared care | 3 |
| Sibling group | 8 |
| To allow combined shared/sibling care | 4 |
| Stabilisation from home/therapeutic | 2 |
| Stabilisation following placement breakdown | 27 |
| **Total** | **47** |

TABLE 7

**Length of residential placement on 24th July 2006 for group selected for review who were placed for the purpose of stablilisation (N=29)**

| Length of time in current residential placement | N | % |
|---|---|---|
| Less than 3 months | 5 | 17% |
| Three months - 1 year | 10 | 34% |
| Over 1 year | 14 | 48% |
| **Total** | **29** | **100%** |

Inspectors took the view that a year is more than sufficient time for a young child to achieve stabilisation. While stabilisation may serve the needs of the organisation it can create stagnation in care planning. From interviews with supervising social workers and managers inspectors found that there was little active care planning or searching for alternative placements once a child was placed in residential care, and in some cases plans to find suitable foster placements changed as children settled in residential care.

In interviews, inspectors identified three key areas that impacted on good outcomes for children. These were: the availability of suitable long-term placement options, regular care planning, and rigorous and effective case management. Inspectors were of the view that significant failures in these areas had contributed to 23 of the group of children 'drifting' in their placements.

In this context, 'drifting' is the unintended effect when planning for the child's care is slowed down. It results in children remaining in their current placement long beyond the originally envisaged timescale, and often there is no special review of the care plan to establish where the children would be best placed or to confirm for them and their families that they will remain in long-term residential care.

In looking at 'drift' inspectors took into account each of the 23 children's young age, previous placements, current placements, and whatever long-term plans there were for them. Children were considered to be 'drifting' in their placements when the following indicators were evident:

- care planning was not responsive to major events in the child's life or the effects of the current placement on the child,
- care plans became outdated as they were not implemented rigorously nor updated to meet the needs of the child,
- the momentum of planning slowed down when the initial crisis of finding and/or securing a placement for the child passed,
- there was a change in the supervising social worker,
- links with the child's family and community network began to weaken,
- children were considered to be taking longer to 'stabilise' in residential care, or
- children were settling in residential care,
- professionals were waiting for the children to grow up, and ongoing assessments were not carried out to look at the impact on the child living in a residential centre for a long period,
- there was neither long-term nor permanency planning for the child.

Inspectors found that social workers held on to the hope that things would be different for children in the future and that they would be reunited with their families, relatives, sibling groups or foster carers. However, inspectors conclude that children in care of this age group will continue to account for nearly a quarter of the total number in residential care contrary to international best practice, if their care plans are not reviewed more rigorously and more frequently, and if there is no strategic development or improvement of services to match their identified needs.

When placement decisions are made, social workers have a responsibility to place children in an environment best suited to their assessed needs. The availability of suitable, sustainable placements is central to securing the best possible outcome for children in need of care.

## Previous placements

Table 8 summarises the number of previous placements experienced by children in the group selected for interview (N=47). Seven had no previous placements, 11 had one, 10 had two or three and 19 had four or more. Irrespective of their age or the reasons for changes of placement, these moves represent a significant and highly concerning level of disruption and insecurity in the lives of the children.

TABLE 8 **Number of previous placements experienced by group selected for review – 24th July 2006**

| Number of previous placements | Number of children |
|---|---|
| 0 | 7 |
| 1 | 11 |
| 2 | 4 |
| 3 | 6 |
| 4 | 9 |
| 5 | 5 |
| 6 | 2 |
| 7+ | 3 |

Tables 8a), 8b) and 8c) show the number of previous placements experienced by the children in the group selected; foster care, residential care and relative care.

TABLE 8a

**Number of previous foster care placements experienced by group selected for review - 24th July 2006**

| Number of previous foster placements | Number of Children |
|---|---|
| 0 | 18 |
| 1 | 9 |
| 2 | 4 |
| 3 | 9 |
| 4 | 4 |
| 5 | 2 |
| 6 | 1 |
| 7+ | 0 |

TABLE 8b

**Number of previous residential placements experienced by group selected for review - 24th July 2006**

| Number of previous residential placements | Number of Children |
|---|---|
| 0 | 30 |
| 1 | 9 |
| 2 | 5 |
| 3 | 2 |
| 4 | 1 |
| 5 | 0 |
| 6 | 0 |
| 7+ | 0 |

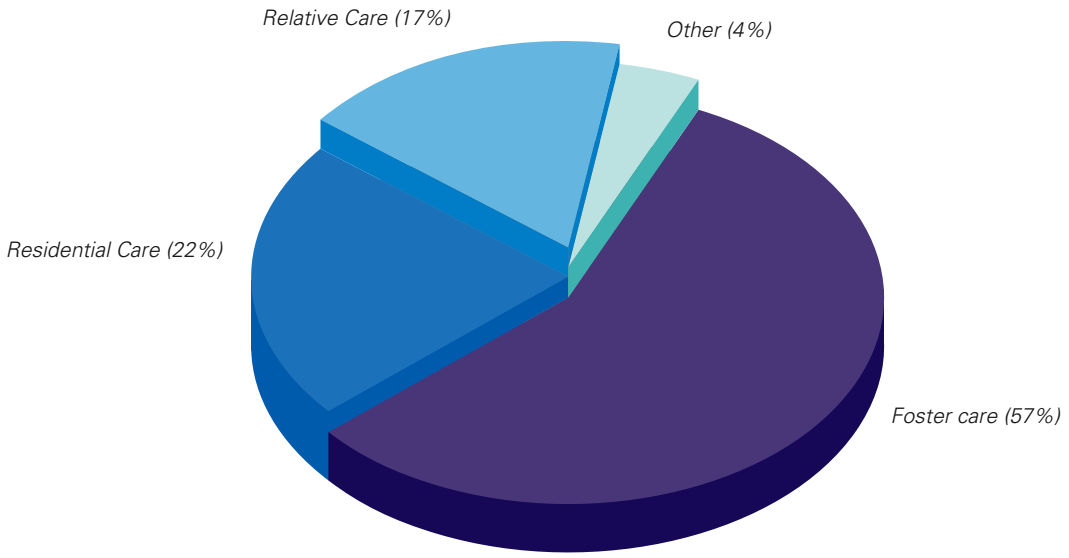
TABLE 8c

**Number of previous relative placements experienced by group selected for review - 24th July 2006**

| Number of previous relative care placements | Number of Children |
|---|---|
| 0 | 33 |
| 1 | 9 |
| 2 | 2 |
| 3 | 2 |
| 4 | 1 |
| 5 | 0 |
| 6 | 0 |
| 7+ | 0 |

The children in the group selected for review had experienced 133 previous placements between them as of 24th July 2006. Chart 7 gives the breakdown of these placements by placement type.

CHART 7 **Previous placements of group selected for review classfied by placement type**




*Total no. of previous placements = 133*

Inspectors are concerned by the number of placement breakdowns experienced by children of such a young age, both in terms of the emotional impact on them and as an indication of the consequences of foster placements being either unsuitable in not matching the needs of the children, or being poorly supported and sustained. The breakdown of foster placements is a major contributory factor to the placement of this group of children in residential care. Research shows that mismatching or a lack of support to children and foster carers are the most likely factors leading to unsuccessful fostering arrangements.[17] It is a matter of priority for the HSE to examine more closely the reasons for foster placement breakdowns, and to evaluate and assess the effectiveness of the admissions and discharge of children aged 12 and under. Social work managers should ensure that care plans are prepared on the basis of a thorough assessment of the child's needs, that the specific needs of the child are matched with the abilities, skills and experience of the potential carers, and that the support necessary to sustain placements is provided, including the allocation of social workers to all cases of children in care, as required by the standards.

## Shared care

Inspectors found examples where the residential centre shared the care of the child with parents, family or other carers, or provided respite care to maintain and support the child continuing to live at home. In seven of the residential centres where children of this age lived parents had daily interaction with their child, and were assisted by staff in developing parenting skills to prepare them to care for their child full-time in the future. In some cases parents stayed overnight in the residential centre. Inspectors heard that the children involved benefited from these arrangements.

17 Kelly G, in Kelly and Gilligan, (1999) *Issues in Foster Care, Policy, Practice and Research.* Jessica Kingsley Publishers.

## Respite and other care

Three children in the group selected for review were placed in residential centres for respite care. One child received weekend respite, and the other two children were placed to support foster care and prevent placement break down. One child had particular medical needs which social workers believed could be satisfactorily met only in a residential centre, and inspectors were told that this arrangement was working well.

## Sibling groups

Fifteen children in the group selected for review were placed with one or more siblings. Twenty of the 32 children not placed with siblings had at least one sibling in other care placements. Inspectors were told of particular difficulties in placing sibling groups in foster care and that some siblings groups were split up in order to avail of separate fostering placements. Some were in a residential care together for several years awaiting foster placement.

Information on this group indicated that, for a small group of children, it was not in their best interest to remain with their siblings. In the view of inspectors their care planning was compromised as issues for older siblings took precedence. This is a matter of concern as care plans should consider separately and equally the needs of all children in the sibling group. Inspectors found that the majority of sibling groups were placed in accordance with best practice. Some supervising social workers expressed concern regarding the impact on very young children when their older siblings move on and they remain in the residential centre.

## Education

Inspectors found that four children in the group selected for review, were not attending school, and a further 12 encountered problems in continuity of education owing to placement moves that entailed changes of school, or a requirement to travel long distances to continue in the same school. One of the 12 missed school extensively due to behavioural problems, despite a number of measures taken by carers to secure a consistent school placement.

## Access to specialist services

Access to specialist services was readily available to the majority of the group selected for review, but inspectors had concerns that specialist services or therapies were not well integrated into the care plan. The HSE should put planning and review mechanisms in place to ensure that therapeutic interventions are integrated into care planning and that there is regular monitoring and review of service level agreements with therapists.

# Case Management: Placements

## Allocation of social workers

Three children had no supervising social worker assigned to their case on the date of interview. One had no social worker for nine months, one for four months, and another for an unspecified time.

The number of supervising social workers who had been recently allocated to work with children and their families were of concern to inspectors. Eighteen of the group selected for review (47) with a supervising social worker at the time of interview had been allocated a

social worker within the previous six months. The reasons given to inspectors for the change of social worker were: turnover of social workers, restructuring of social work departments, and social workers transferring to different functions. Inspectors found that this impacted greatly on the quality of information recorded and there was a lack of clarity about reasons for the initial placement and care planning for the child. Inspectors were concerned that there was potential for delays in effecting a move to a more suitable long term placement as newly allocated social workers familiarised themselves with the often complex issues in individual children's situations.

## Placements sought by supervising social workers

For 11 of the 47 cases reviewed the supervising social workers and managers interviewed said that residential settings were not the placements originally requested. They requested foster care placements, - eight for single placements, and three for siblings. However, the majority of supervising social workers told inspectors that the children were in the most suitable setting at the time of interview and that placements were working well. Social workers told inspectors of their wishes to secure an alternative placement appropriate to the child's needs, but did not envisage any placement becoming available in the foreseeable future. In some instances supervising social workers were concerned that the current placement would result in a lack of long-term stability for the child.

## Family welfare conferences[18]

Inspectors found that for a minority of children relative placements were sought through family welfare conferences prior to their being placed in residential care. Some children did not participate in these conferences because their parents had objected to the process. Some parents told social workers that they did not want their child to be placed with any other family member, and some specified residential care as a preferred option. Inspectors were of the view that the options of convening a family welfare conference and of placement with relatives should be thoroughly explored and children's views taken into consideration in all decision-making for children of this age group.

# Case management: Care planning

## Care plans

Inspectors found evidence in some cases that decisions made at care plan meetings and reviews had not been implemented, and that for some children, the care plan did not specify the particular type of placement required. In some instances social workers prepared a single care plan with the intention of submitting copies to local fostering placement committees, high support units and special care units. This calls into question the quality of the assessment of need that informs the care plan in these cases. It also raises a concern that children of this age group who have experienced placement breakdowns are likely to be considered for specialised resources which could bring them into contact early in their lives in care with young people with high levels of vulnerability presenting challenging or disturbing behaviour. In special care units there is restriction of liberty, which may be necessary and legally sanctioned by a court order. It would be difficult to justify such an extreme measure on the basis of a plan that equates it with foster care.

18 A family welfare conference is a consultation and meeting to help families come up with a plan and solution where there are concerns for a child or young person, with the support of their extended family and family welfare co-ordinator.

Care plans and placement referrals should reflect accurately the age and developmental needs of the child, and decisions and action plans should be specifically targeted at appropriate resources that match those needs rather than 'fit' the child to resources that are unsuitable. Managers should be alert to placements that extend beyond the planned short-term timescales or are at risk of breakdown, through: allocation of the cases to social workers, visits in accordance with standards by social workers, visits by monitoring officers to ensure compliance with regulations and standards, adequate resourcing, appropriate child-centred partnership with carers, and pro-active management.

During interviews social workers were asked if permanency planning had been considered when reviewing or drawing up care plans for this age group. Inspectors found little evidence that permanency planning was routinely considered in care plans. In this context permanency planning meant considering long-term plans for the duration it was envisaged that the child would remain in care.

## Consulting with children

The majority of children had attended their care plan review meetings or had met with their social worker. There were inconsistencies in the way social workers set about ensuring that the views and wishes of children were heard. However, a significant number of children were not invited or did not participate otherwise in their care planning. In these instances the social workers considered the children either too young to attend or that the meeting could impact negatively on them. Inspectors found no evidence of other methods of consultation or involvement for this group of children. Children in care have a right to be consulted about all decisions that affect their lives at an age appropriate level; and they can commit themselves better to a plan if they are involved in its formulation.

## Care plan reviews

The statutory minimum frequency of care plan reviews is laid out in the *Child Care (Placement of Children in Residential Care) Regulations 1995.* A review should be held within two months of placement, and then no less frequently than six monthly for the first two years, and annually thereafter. For several of the children reviews were held annually, the timetable being determined by the anniversary of a child's first admission into care rather than admission to the current placement. The time lapse between review meetings is particularly significant for this group of children. Research has clearly shown that the longer young children remain in residential care the less likely they are to obtain a more suitable placement (Rowe & Lambert, 1975). Inspectors found little evidence of concerted efforts to secure a more appropriate placement or to address changes in family or other relevant circumstances between reviews.

Inspectors found that a lack of rigour and frequency in the reviews of care plans had resulted in retrospective justification of placements on the part of some supervising social workers and their managers. In some instances, where fostering options were available through private services, they were not taken up due to local managers' objections to using services outside the local HSE area. Inspectors are of the view that care plan reviews for this group of children should be more frequent and regular than the statutory minimum requirement.

### Case management: Review mechanisms

Inspectors were told by social work managers that in local HSE areas there were no mechanisms in place to review the systems in which decisions about placements of children of this age group are made. Most areas had admission and discharge committees. Some areas had a system whereby all requests for placements were looked at equally regardless of the age of

the child. Some had initiatives to carry out specific fostering campaigns for individual children or to recruit additional foster parents. One area reported recent success after reviewing and changing its recruiting methods. Others had HSE management structures that allowed for the review of specific cases where there were difficulties in securing appropriate placements. However, these were on a case by case basis.

## Conclusion

Inspectors acknowledge that the reasons why children wait in residential care for alternative care placements are complex. However, they found little evidence, where residential care was not the placement of choice, that there were significant interventions and a quality decision-making and planning process to secure the optimal placement for the child. They also found that statutory care plan reviews did not provide an effective framework or impetus for sourcing alternative care. In part, this situation was the consequence of the lack of suitable placement options, in particular, foster placements, and the lack of strategic planning in terms of recruiting, supporting and sustaining sufficient care placements to meet the identified needs of children of this age who are in care.

The HSE should examine closely the reasons for foster placement breakdowns. The impact of placement breakdowns, disrupted attachments, drift and ineffective planning on young children in care should be of paramount consideration in strategic planning, resource management and care planning. It is unacceptable that they should experience significant insecurity in their early childhood as a consequence of a lack of clarity about policy, resources that are inadequately developed and poorly managed, and care planning that is below standard.

The HSE should carry out a review of the placement planning process for all children in residential care aged 12 and under to ensure they are placed appropriately in accordance with best practice principles.

There is a need for the HSE to develop standardised management practices in order to facilitate the monitoring of placement decisions. Managers both nationally and locally have a key responsibility to ensure that, in accordance with statutory requirements, all children in care have up-to-date care plans which reflect their current placements. They should ensure that children are consulted about the plans and that their wishes are fully considered in care plan reviews. HSE social work managers should ensure that all placements of children in care are continuously supervised by a social worker in accordance with the standards. For this group of children care plan reviews should be held more frequently than the statutory minimum in order to maintain the momentum to secure the most suitable placement to best meet their needs.

In each case managers should ensure that consideration is given for a referral to be made for a family welfare conference, and that children in care are placed close to their families and local communities. All those involved in care planning and the provision of care should ensure that placement plans and care practices meet the specific needs of young children from different cultural backgrounds. Whenever possible and in their best interests siblings should be placed together, and links with siblings in care elsewhere should be strongly promoted and diligently maintained. In particular, managers should ensure that the care plans for siblings who are placed together in residential care are reviewed individually.

# 6 Recommendations

1. The Department of Health and Children should issue a clearly stated national child care policy on the placement of children aged 12 and under with families or in foster care.

2. As a matter of urgency, the Health Service Executive should review the cases of all children aged 12 and under in residential care to ensure that that they are placed appropriately.

3. As a matter of priority, the Health Service Executive should establish systems:
   a. to monitor the placement of children aged 12 and under,
   b. to ensure that care plans are frequently and rigorously reviewed,
   c. to ensure early identification of placements at risk of breakdown,
   d. to ensure that managers assess placement breakdowns and develop more sustainable care services,
   e. to ensure that the information gathered is used in individual care planning and in strategic development of care resources.

4. The Health Service Executive should plan and provide the range and number of services required to ensure that sufficient appropriate places are available to meet the identified needs of this age group.

# References



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Appendix 1

# The standard against which the inspection was conducted

In this inspection, SSI inspected against selected criteria of Standard 5 of the *National Standards for Children's Residential Centres 2001*, as outlined below.

**Standard 5**
**There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.**

## CRITERIA

### Suitable placement and admissions

5.1 The supervising social worker and the centre manager are satisfied that the placement is suitable and will meet the needs of the young person.

5.4 Young people are assisted to understand the reason for and the purpose of their placement and know what to expect in the future.

5.5 The supervising social worker has a clear responsibility to let the centre have adequate information about the young person in advance of the placement.

5.6 Admissions policies and practices take account of the need to protect young people from abuse by their peers.

### Statutory care plans

5.7 Placements are supported by a statutory comprehensive written care plan, developed by the supervising social worker in consultation with others, based on:

- the aims and objectives of the placement;
- the support to be provided to the young person, to the residential centre and where appropriate to the parents of the young person by the Health Service Executive;
- the arrangements for access to the young person by a parent, relative or other named person subject to any court order;
- the arrangements to review the plan.

5.8 Individual statutory care plans include an assessment of each young person's educational, social, emotional, behavioural and health requirements and identify how the placement will support and promote the welfare of each young person.

5.9 The plan is in place before or as soon as is practicable after the young person comes to live in the centre. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23.* In the case of emergency admissions a statutory care plan should be prepared within seven working days.

5.10 The statutory care plan distinguishes between the overall long-term plan and the plan dealing with the period the young person is in the centre (placement plan). The placement plan should operate within the wider care plan being implemented by the placing authority.

5.11 The young person, their parents and significant others are consulted in the process of drawing up the statutory care plan and confirm that they are aware of the way it is being implemented. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23.*

5.12 A written copy of the statutory care plan is forwarded to the parents, the manager and the young person.

## Statutory care plan reviews

5.13 Each young person's care plan is subject to formal, systematic and regular review in accordance with the directions outlined in the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part V, Articles 25 & 26.*

5.14 Statutory care plan reviews assess the effectiveness of the care plan, take into account developments and update the care plan giving named people responsibility for pursuing achievable objectives of the plan within a time scale.

5.15 Young people and their families are helped prepare for reviews, are invited to attend review meetings, are aware of their purpose, are satisfied with the way they are conducted and receive copies of the documentation, including decisions made.

5.16 Copies of decisions made at review meetings are forwarded to parents, even where they have not attended meetings, unless this is regarded as putting the welfare of the child at risk.

5.17 The supervising social worker in conjunction with the residential centre ensures that arrangements for conducting the review process are in place. These include the responsibility for convening, chairing and recording the review process, the venue, the method of issuing invitations and seeking reports, and the distribution of minutes that state the date of the next review.

Appendix 2

# National Standards for Children's Residential Centres

**The standard statements of the National Standards for Children's Residential Care Settings are listed below. For the full standards and criteria see the *National Standards for Children's Residential Centres*, Department of Health and Children (2001).**
**Available on www.dohc.ie and www.hiqa.ie.**

## 1 PURPOSE AND FUNCTION

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

## 2 MANAGEMENT AND STAFFING

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

## 3 MONITORING

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

## 4 CHILDREN'S RIGHTS

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

## 5 PLANNING FOR CHILDREN AND YOUNG PEOPLE

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

## 6 CARE OF YOUNG PEOPLE

Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities and leisure experiences to their peers and have opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

## 7 SAFEGUARDING AND CHILD PROTECTION

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

## 8 EDUCATION

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

## 9 HEALTH

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

## 10 PREMISES AND SAFETY

The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

Appendix 3

# Questionnaire for social workers

This questionnaire is to be completed by the social worker who has either placed a child, aged 12 or under in a residential children's centre, or who is currently supervising a child aged 12 or under placed in a residential children's centre.

## COMPLETION DETAILS

**Name of Principal Social Worker:**

Address:

Phone no:

Email Address:

**Name of Team Leader:**

Address:

Phone no:

Email Address:

**Name of Supervising Social Worker for child :**

Address:

Phone no:

Email Address:

**Signed by Supervising Social Worker:**

# ADMISSION DETAILS:

1. Name of child: _____

2. Name of centre: _____

   Address: _____

   _____

3. Child's date of birth: / / _____

4. Care Status of child: ❒ Care Order

   ❒ Voluntary Care

   ❒ Ward of Court

   ❒ High Court Detention Order

   ❒ Other (specify) _____

5. Date of first admission into care: / / _____

6. Date of the child's admission to this residential care centre: / / _____

7. Previous care placements:

   Please provide details as follows: *(most recent placement first)*

| Type of care | Date of placement | Reason for discharge |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

8. Date you were assigned the child's social worker: / /

9. How many social workers have supervised the child since **first** being admitted into care?

10. How many social workers have supervised the child during **this** placement?

11. Date of first care plan: / /

12. Dates of all statutory care review(s) of care plans (please list most recent first):

a) / / d) / /

b) / / e) / /

c) / / f) / /

13. Date of most recent care plan: / /

14. If there is no care plan, please state reason(s) why:

15. Is this the placement of choice according to the care plan?

16. Date of last care plan meeting where other placement options were considered.

/ /

17. At this meeting, was consideration given to the child being paced in:
*(tick as appropriate)*

❒ Home ❒ Relatives

❒ Foster Care ❒ Other

If so, state the conclusion:

18. What is the planned length of time for this child to reside in this residential centre?

19. What is the purpose of the child's current placement?

20. In your opinion, is this child suitably placed?

❒ Yes ❒ No

Please detail the main reason(s) for this opinion:

21. Education details. Please tick current school placement:

❒ Primary School ❒ Secondary School ❒ Special School

❒ Home school tuition ❒ Special Arrangement ❒ Other (specify)

Please supply details of school placements starting with most recent first:

| Date commenced | Number of school placements |
|---|---|
| | |
| | |
| | |

22. How often do you see the child in the Children's Residential Centre?

❒ Weekly ❒ Fortnightly ❒ Monthly

❒ 3 monthly ❒ On request ❒ Other (specify) _____

23. Has the child any siblings that are currently in this placement?

❒ Yes ❒ No

If yes, please state the nature of placement and the date placement commenced:

| Name of sibling | Date of birth | Date of placement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Thank you for taking the time to complete this questionnaire.

**Please return to SSI offices by 25th September 2006.**

SSI STORES INFORMATION ABOUT INDIVIDUALS IN ACCORDANCE

WITH THE DATA PROTECTION ACT 2003

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